## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For A

In re application of

Yoshiteru YASUDA et al.

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Examiner C. Chang

LASH ADJUSTER FOR VALVE GEAR MAIL STOP AF

## PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

THE COMMISSIONER IS AUTHORIZED TO CHARGE ANY DEFICIENCY IN THE FEES FOR THIS PAPER TO DEPOSIT **ACCOUNT NO. 23-0975** 

Attached hereto is a check in the amount of \$320.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

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A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted

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